Wisconsin Department of Safety and Professional Services

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

DOCUMENTATION OF SUPERVISED CLINICAL FIELD PLACEMENT OR SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE FOR CLINICAL SOCIAL WORKER LICENSE

Name of Applicant:		
Please check the appropriate box.		
	inical field training was completed during the Master's or Doctoral degree program. checked, go to Part I.	
-	inical social work experience was completed in lieu of supervised clinical field training. checked, go to Part II.	
PART I - DOCUMENTATION OF CLINICAL FIELD PLACEMENT: (as part of Master's or Doctoral program)		
Clinical Field Training per Wis, Admin. Code § MPSW 2.01(7)		
"Clinical Field Training" means a minimum of one academic year in the supervised practice of clinical social work services consisting of assessment; diagnosis; treatment, including psychotherapy and counseling, client-centered advocacy, consultation, and evaluation. "Clinical Field Training" does not include indirect social work service, administrative, research, or other practice emphasis as per Wis. Admin. Code § MPSW 2.01(7).		
Supervised Clinical Field Training per Wis. Admin. Code § MPSW 2.01(17)		
"Supervised Clinical Field Training" means training in a primary clinical setting, which must include at least 2 semesters of field placement where more than 50% of the practice is to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families, or small groups as per Wis. Admin. Code §MPSW 2.01(17).		
Primary Clinical Setting per Wis. Admin. Code MPSW § 2.01(13)		
"Primary Clinical Setting" means a Facility, or a unit within a Facility, whose primary purpose is to treat persons with a DSM diagnosis as per Wis. Admin. Code § MPSW 2.01(13).		
Note: If you completed 2 semesters of field placement to meet this requirement and the placements were in different settings, a separate form must be submitted for each placement.		
Name of Agency/Facility where field placement occurred: (please type or print in ink)		
Brief description of Agency/Facility including services provided and type of clients served: (please type or print in ink)		
Is the Agency/Facility where the field placement was completed a "Primary Clinical Setting" as defined above in Wis. Admin. Code § MPSW 2.01(13)? Yes No		
Was more than 50% of the practice in this Agency/Facility to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families, or small groups per Wis. Admin. Code \S MPSW 2.01(17)? \square Yes \square No		
Was this a block placement? Yes No		
If not a block placement, for how many semesters was this placement?		
Dates of Field Placement:	From: To:	
	From: To:	

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Please check the appropriate boxes:			
	I am/was the Agency/Facility-based Field Placement/Training Supervisor for the applicant.		
	I am/was the Faculty Liaison with responsibility for this applicant's Field Placement/Training.		
	I am/was the Director/Coordinator of Field Placement/Training.		
	Other, please explain fully:		
Please check the appropriate boxes for each clinical social work service the student provided:			
	Assessment including difficulties in psychosocial functioning.		
	Diagnosis including use of the DSM. (This means that it is reasonable to expect that this student could describe client symptoms accurately, complete a differential DSM diagnosis and write a treatment plan based on that diagnosis.)		
	Treatment including psychotherapy and counseling including the ability to identify and describe the particular modality used.		
	Client-centered advocacy.		
	Consultation (This means that the student can identify those case situations that require consultation and can present a clinical case.)		
	Evaluation including the process of evaluating the effect of his/her practice on the client's treatment goals/objectives and the progress of the client through treatment.		
Signature of Supervisor: Date: / / / /			
PART II – In lieu of supervised clinical field training, applicants may submit an affidavit indicating they have completed 1,500 hours of supervised clinical social work experience in not less than one year, within a primary clinical setting. This must include at least 500 hours of face-to-face client contact and be supervised per Wis. Admin. Code § MPSW 4.01. Note: These hours may not be counted towards the 3,000-hour requirement for post-graduate clinical experience. A separate form must be submitted for each site.			
Name of Facility at which supervised clinical social work experience occurred:			
Dates	Dates of Experience: To:		
Num	Number of Hours completed:		
Nam	Name of Supervisor:		
Title	Title of Supervisor:		
I hereby swear or affirm that the statements made above are true and correct.			
Signa	nature of Applicant:		